1634

PTO/SB/17 (05-03)

Approved for use through 04/30/2003. OMB 0651-003

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<del>/</del>	reu io	respond	cond to a collection of information unless it displays a valid OMB control number.  Complete if Known							
FEE TRANSMITTAL		Application Number 09/853,161-Conf. #5950								
		<u> </u>			<u></u>	May 11, 2001				
for FY 2003		Filing Date First Named Inventor			tor	Steven M. Ruben				
Effective 01/01/2003, Patent fees are subject to annual revision.			Examiner Name			M. Sheinberg				
Applicant claims small entity status. See 37 CFR 1.27			<del> </del>			1634				
<del></del>			Art Unit							
TOTAL AMOUNT OF PAYMENT (\$) 0.00		Attorney Docket No. PZ003P3								
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)									
Check Credit Money Other None	3. ADDITIONAL FEES									
X Deposit Account										
Deposit		ge Entity Small Entity			-					
Account 08-3425 Number	Fee Code	Fee (\$)	Fee Code	Fee (\$)		Fee Description	Fee Paid			
Deposit Account Human Genome Sciences, Inc.	1051	130	2051	65	Surcharge	e - late filing fee or oath				
Name	1052	50	2052	25	Surcharg	e – late provisional filing fee or cover				
The Director is hereby authorized to: (check all that apply)					sheet.	+				
Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130	Non-Engl	ish specification				
X Charge any additional fee(s) during the pendency of this application	1812	2,520	1812	2,520	For filing a	a request for ex parte reexamination				
Charge fee(s) indicated below, except for the filling fee	1804	920*	1804	920*	Requestin	ng publication of SIR prior to				
to the above-identified deposit account.	1805	1,840*	1805	1,840*		Requesting publication of SIR after Examiner action				
FEE CALCULATION	1251	110	2251	55		n for reply within first month	<u>                                     </u>			
1. BASIC FILING FEE	1252	410	2252	205	Extension	n for reply within second month				
Large Entity Small Entity	1253	930	2253	465	Extension	n for reply within third month				
Fee Fee Fee Fee Fee Description Fee Paid  Code (\$) Code (\$)	1254	1,450	2254	725	Extension	n for reply within fourth month				
1001 750 2001 375 Utility filing fee	1255	1,970	2255	985	Extension	n for reply within fifth month				
1002 330 2002 165 Design filing fee	1401	320	2401	160	Notice of	Appeal				
1003 520 2003 260 Plant filing fee	1402	320	2402	160	Filing a b	rief in support of an appeal				
1004 750 2004 375 Reissue filing fee	1403	280	2403	140	Request	for oral hearing				
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to	o institute a public use proceeding				
SUBTOTAL (1) (\$) 0.00	1452	110	2452	55	Petition to	o revive – unavoidable				
(4)	1453	1,300	2453	650	Petition to	o revive - unintentional				
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,300	2501	650	Utility iss	ue fee (or reissue)	ļ			
Extra Fee from Claims below_ Fee Paid	1502	470	2502	235	Design is	sue fee	<u> </u>			
Total Claims 75 -98** = x = 0.00	1503	630	2503	315	Plant issu	ue fee	}			
Independent 6 -10** = x = 0.00	1460	130	1460	130	Petitions	to the Commissioner				
Claims Multiple Dependent	1807	50	1807	50	Processi	ng fee under 37 CFR 1.17(q)				
Large Entity Small Entity	1806	180	1806	180	Submissi	ion of Information Disclosure Stmt				
Fee Fee Fee Fee Fee Description	8021		8021	40	Recordin	g each patent assignment per				
Code (\$)   Code (\$)	1		1			(times number of properties) ubmission after final rejection	<del>  </del>			
1201 84 2201 42 Independent claims in excess of 3	1809	750	2809	375	(37 CFR	1.129(a))	<b></b>			
1203 280 2203 140 Multiple dependent claim, if not paid	1810	750	2810	375		additional invention to be d (37CFR 1.129(b))	1			
1204 84 2204 42 ** Reissue independent claims	1801	750	2801	375	Request	for Continued Examination (RCE)				
over original patent 1205 18 2205 9 ** Reissue claims in excess of 20	1802	900	1802	900		for expedited examination gn application				
and over original patent	Othe	r fee (spe	cify)		0001	g				
SUBTOTAL (2) (\$) 0.00	l	luced by		iling Fee	e Paid	SUBTOTAL (3) (\$)	0.00			
**or number previously paid, if greater, For Reissues, see above										
SUBMITTED BY Complete (if applicable)										
<u> </u>	Regis	tration N	2 4 2	700		1040 044 400				

ij.

SUBMITTED BY	Complete (	if applicable)		
Name (Print/Type) Mark J. Hyman	Registration No. (Attorney/Agent)	46,789	Telephone	(240) 314-1224
Signature M/			Date	July 16, 2003